PI

District

#

3

3

Percentage

100

100

Route

#

1

2

Linda McCulloch, Superintendent Office of Public Instruction PO Box 202501

Miles

Per Day

88

87

Rate

Per Mile

0.95

0.95

School District Claim for State Reimbursement for School Bus Transportation

Days

Operated

Bus Driver's

Social Security #

	Hele	ena, MT 59620-25	501	0011	oor Buo Tranopo	rtation	
DUE DATES:	1 columny 1	Second Semester May 10 to County Superintendent May 24 to State Superintendent					
COMPLE	ETE THIS CLAIM FO	OR STATE REIM	BURSEMENT FO	R SCHOOL 1	BUS TRANSPOR	TATION:	
This claim	is for the period beginning	S	, 20	_ and ending		, 20	,
	month day month day						
CERTIFI	CATION:						
The inform	nation on this form is comp	olete and accurate to th	e best of my knowledg	ge.			
Date		Signature, Chair, Boar	d of Trustees				
County:		District:				District Level:	
46 Sherio	dan	0819 Westby	K-12 Schools			High School	

Capacity

22

18

Inspection

08/15/05

08/15/05

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PI	

Linda McCulloch, Superintendent Office of Public Instruction PO Box 202501 Helena, MT 59620-2501

School District Claim for State Reimbursement for School Bus Transportation

State	
District	
County	

First Semester Second Semester DUE February 1 to County Superintendent May 10 to County Superintendent **DATES:** February 15 to State Superintendent May 24 to State Superintendent COMPLETE THIS CLAIM FOR STATE REIMBURSEMENT FOR SCHOOL BUS TRANSPORTATION: This claim is for the period beginning and ending , 20 month day month day **CERTIFICATION:** The information on this form is complete and accurate to the best of my knowledge. Date Signature, Chair, Board of Trustees District Level: County: District: 46 Sheridan 0822 Medicine Lake K-12 Schools **High School** District Days Route Miles Rate **Bus Driver's** Per Dav Per Mile Operated Social Security # Percentage # # Capacity Inspection 100 7 1 100 0.95 47 08/16/05 7 100 1Non 17 0.50 47 08/16/05 100 7 2 76 0.95 47 08/16/05 7 3 0.95 100 56 47 08/16/05 7 100 3Non 42 0.50 47 08/16/05 100 7 4 115 0.95 47 08/16/05 5 7 100 68 0.95 47 08/16/05 100 7 5Non 28 0.50 47 08/16/05 7 100 77 0.95 47 08/16/05 6

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PI	

Linda McCulloch, Superintendent Office of Public Instruction PO Box 202501 Helena, MT 59620-2501

School District Claim for State Reimbursement for School Bus Transportation

State	
District	
County	

			,						
DUE DATES:	First Semester February 1 to County Superintendent February 15 to State Superintendent					Second Semester May 10 to County Superintendent May 24 to State Superintendent			
COMPLI	ETE TH	IS CLAIM FO	R STA	TE REIME	BURSEMEN	T FOR SCH	HOOL BUS TRAN	SPORTATION:	
This clain	n is for the	period beginning	,			20 and e	nding		20 .
		F		month	day		_	onth da	
CERTIF	CERTIFICATION:								
The infor	mation on	this form is comp	lete and	accurate to the	e best of my kn	owledge.			
Date			Signatu	re, Chair, Board	d of Trustees				
County:			District	:				District Lev	vel:
46 Sheri	6 Sheridan 0828 Plentywood K-12 School			Schools	ls High School				
Percentage	District #	Route #		Miles Per Day	Rate Per Mile	Capacity	Inspection	Days Operated	Bus Driver's Social Security #
100	20	1		110	0.95	47	08/15/05		
100	20	2		108	0.95	48	08/15/05		
100	20	3		77	0.95	36	08/15/05		
100	20	4		84	0.95	48	08/15/05		
100	20	5		116	0.95	48	08/15/05		
100	20	5A		14	0.95	48	08/15/05		
100	20	6		57	0.95	48	08/15/05		
100	20	7		123	0.95	36	08/15/05		

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